### **FORM D**

# UNITED STATES SEC:URITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### **FORM D**

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPI	
OMB Number:	3235-0076
Expires:	
Estimated avera	ge burden
hours per respoi	nse1 <u>6.0</u> 0

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	ent and name has changed, and indicate change.)	
Offering of Membership Interests  Filing Under (Check box(es) that apply):	e 5)4 Rule 505 Rule 506 Section 4(6)	□ ULOE
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issue		
Name of Issuer ( check if this is an amendment SCB Properties LLC	and name has changed, and indicate change.)	08020738
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
678 Third Avenue, Suite 310, Chula Vista, CA	91910	(619) 409-5762
Address of Principal Business Operations (if different from Executive Offices)	(Number and City City Code)	Telephone Number (Including Area Code)  Mail Processing
Brief Description of Business	JAN 1 0 2008	Section
Real Estate Investment	THOMSON	JAN = 4 2008
Type of Business Organization	FINANCIAL	
corporation limited	d partnership, already formed    J   other (	please specify): Washington, DC 100
GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of secu	arit es in reliance on an exemption under Regulation D	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
77d(6).		
When To File: A notice must be filed no later than and Exchange Commission (SEC) on the earlier of th which it is due, on the date it was mailed by United	ic date it is received by the SEC at the address given I	<ol> <li>A notice is deemed filed with the U.S. Securities below or, if received at that address after the date on</li> </ol>
Where To File: U.S. Securities and Exchange Comm	nission, 450 Fifth Street, N.W., Washington, D.C. 20	0549.
Copies Required: Five (5) copies of this notice must photocopies of the manually signed copy or bear typ	t be: filed with the SEC, one of which must be manual ed or printed signatures.	ly signed. Any copies not manually signed must be
Information Required: A new filing must contain all thereto, the information requested in Part C, and any not be filed with the SEC.	I information requested. Amendments need only rep- material changes from the information previously supp	ort the name of the issuer and offering, any changes olied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.		
State: This notice shall be used to indicate reliance on the ULOE and that have adopted this form. Issuers reare to be, or have been made. If a state requires the accompany this form. This notice shall be filed in this notice and must be completed.	e payment of a fee as a precondition to the claim for	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
	ATTENTION	
Failure to file notice in the appropriate si appropriate federal notice will not result	ates will not result in a loss of the federal e in a loss of an available state exemption unl	exemption. Conversely, failure to file the ess such exemption is predictated on the

filing of a federal notice.

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2. Enter the information re	quested for the fol	lowing:			
<ul> <li>Each promoter of t</li> </ul>	he issuer, if the iss	suer has been organized w	vithin the past five years;		
Each beneficial own	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer,
<ul> <li>Each executive off</li> </ul>	icer and director of	f corporate issuers and of	corporate general and mai	naging partners of	partnership issuers; and
<ul> <li>Each general and n</li> </ul>	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter		Executive Officer	Director	General and/or Managing Partner
B 1133	6. 1. (1. 2)				
Full Name (Last name first, i Seacoast Commerce Bar					
8usiness or Residence Addre 678 Third Ave, Suite 101			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
South Magnolia LLC					
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
3916 Riviera Drive, Unit 5	01, San Diego, (	CA 92109			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Sanborn, Richard	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
678 Third Avenue, Suite 3	310, Chula Vista	, CA 91910			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			<del></del>	
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)	<del></del>	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
	(Use bla	nk sheet, or copy and use	additional copies of this s	heet, as necessary	)

휇					BED	VEORMALI	ON ABOU	T OFFERI	NG (S	<b>THE</b>	明世史		
1.	Hac the	issuer sold	, or does th	e issuer ir	ntend to se	ll to non-si	ccredited is	nvestors in	this offeri	ng?		Yes	No <b>⊠</b>
1.	mas the	133001 3010	i, or does a			Appendix,						Band Band	
2.	What is	the minim	um investm			• •		_				\$_30,0	00.00
												Yes	No
3.			permit joint										
4.	commis If a pers	sion or sim on to be lis i, list the na	ilar remune: ted is an ass	ration for s ociated pe roker or de	olicitation rson or age aler. If mo	of purchase at of a brok are than five	ers in conne er or dealer er (5) person	ection with r registered as to be list	sales of sec I with the S ed are asso	urities in ti EC and/or	irectly, any he offering. with a state ons of such		
Ful	l Name (	Last name	first, if indi	vidual)									
Bus	siness or	Residence	Address (N	umber and	i Street, Ci	ty, State, Z	ip Code)						
Na	me of Ass	sociated Br	oker or Dea	iler									-
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit 1	Purchasers						
	(Check	"All States	or check	individual	States)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**************	***************************************	• • • • • • • • • • • • • • • • • • • •		☐ All	l States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY N.I D.	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (	Last name	first, if indi	vidual)			· · · · · · · · · · · · · · · · · · ·	<u> , , , , , , , , , , , , , , , , ,</u>	·				
Bu	siness or	Residence	Address (N	lumber an	d Street, C	ity, State, 2	Zip Code)						
Na	me of As	sociated Br	oker or Dea	aler									
Sta	tes in Wi	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)	***************************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	****************		44100001717701	**************	☐ A!	1 States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA K7 NI TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	I Name (	Last name	first, if indi	vidual)	•								
Bu	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Na	me of As	sociated Bi	oker or De	aler	,					<del> </del>			
Sta	tes in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)	,,,,			••••••			☐ Al	I States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA K7 N1 TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## CAOFFERINGPRICE DUMBER OF ENVESTORS, EXPENSES AND USE OF PROCEEDS

I.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and			
	Type of Security	Aggregate Offering Price	æ	Amount Already Sold
	Debt	ç		•
	Equity		_	•
	Common Preferred	<b></b>		<del></del>
	Convertible Securities (including warrants)	¢		•
	Partnership Interests		—	\$ 30,000.00
	·		—	5
	Other (Specify)			\$ 30,000.00
	Total	3	—	\$_00,000.00
_	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	1		\$_30,000.00
	Non-accredited Investors		_	s
	Total (for filings under Rule 504 only)	1		<b>3</b> 0,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505		_	<b>s</b>
	Regulation A	· · · · · · · · · · · · · · · · · · ·	_	\$
	Rule 504		_	\$
	Total		_	\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	******		\$
	Printing and Engraving Costs	******		\$
	Legal Fees	*************	Z	<b>5</b> ,000.00
	Accounting Fees	************		s
	Engineering Fees			s
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify)			<b>S</b>
	Total			<b>5</b> ,000.00

C OFFERING PRICE NUM	BERTOFINYESTORS EXPENSES AND USE OF P	ROCEEDS	
b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."			\$
5. Indicate below the amount of the adjusted gross pre- each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and fthe payments listed must equal the adjusted gross		
		Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees		]\$	s
Purchase of real estate	[	] <b>\$</b>	
Purchase, rental or leasing and installation of mac and equipment			. 🗆 \$
Construction or leasing of plant buildings and fac	ilities	<b></b> \$	
Acquisition of other businesses (including the val offering that may be used in exchange for the asse issuer pursuant to a merger)	ets or securities of another	٦s	<b>□ \$</b>
Repayment of indebtedness	<del>-</del>		
Working capital	-	_	_
Other (specify):			
		<b>\$</b>	s
Column Totals	[	_ \$ <u>0.00</u>	<u>\$ 25,000.00</u>
Total Payments Listed (column totals added)		☐ \$ <u></u> 25	5,000.00
	D: FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the signature constitutes an undertaking by the issuer to fur the information furnished by the issuer to any non-accurate.	nish to the U.S. Securities and Exchange Commis-	sion, upon writte	le 505, the following n request of its staff,
Issuer (Print or Type)	Signature I	Date	
SCB Properties LLC	Jeches Sombe	12.31.0	7
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Richard Sanborn	Manager		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E-STATESION	YURE TO THE			
1.	Is any party described in 17 CFR 230.262 pre provisions of such rule?				Yes	No <b>⊠</b>
	See A	Appendix, Column 5, f	or state response.			
2.	The undersigned issuer hereby undertakes to fu D (17 CFR 239.500) at such times as required		nistrator of any state in w	hich this notice is fi	led a not	ice on Form
3.	The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state adm	ninistrators, upon writter	n request, informati	on furn	ished by the
4.	The undersigned issuer represents that the iss limited Offering Exemption (ULOE) of the sta of this exemption has the burden of establishing	ate in which this notice	is filed and understands			
	er has read this notification and knows the content horized person.	nts to be true and has dน	ly caused this notice to be	signed on its behal	f by the	undersigned
Issuer (	Print or Type)	Signature		Date		
SCB Pr	operties LLC	Luched >	sml_	12.31.07		
Name (	Print or Type)	Title (Print or Type)				

Manager

#### Instruction:

Richard Sanborn

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				A.	PENDIX				
1	Intend to non-a investor	l to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			Disqual under Sta (if yes, explana waiver (Part E-	ification te ULOE attach ition of granted)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL							 		
AK							_		
AZ		T							
AR									
CA	***** ***	×	LLC Interests	1	\$30,000.00				×
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DC							<u>.</u>		
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				APP)	NDDX				
1	Intend to non-a investor	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disquali under Sta (if yes, explana waiver (Part E-	te ULOE attach tion of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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МТ			•						
NE									
NV									
NH									
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	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	f investor and rchased in State C-Item 2)		under St (if yes, explan waiver	lification ate ULOI , attach ation of granted) -Item 1)
State	Yes	No	((2,0),,	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
wy	•								